

**PIMA COUNCIL ON AGING 2005-2006
MAJOR AND MINOR HOME REPAIR AND ADAPTATION APPLICATION**

(PLEASE CHECK OR FILL IN - ATTACH ADDITIONAL INFORMATION IF NECESSARY)

A: HOUSEHOLDER INFORMATION

Print name of taxpayer (1) _____ Date of Birth: _____
(Owner/occupant/applicant)

Print name of taxpayer (2) _____ Date of Birth: _____
(Owner/occupant/applicant)

Print name & address of alternate contact (3) _____

Address of home: _____ Zip Code: _____

Mailing address (if different from home): _____ Zip Code: _____

Phone Number (1) _____ Phone number (3) _____

Signature of applicant (1) _____ Date: _____

Signature of applicant (2) _____ Date: _____

Your signature certifies that all information on this application is true and correct to the best of your knowledge and belief. (If you are selected, program staff will verify all information in person).

1. YES ☐ NO ☐ The taxpayer(s)/homeowner(s) is/are or will be age 60 or over by June 30, 2005.
(If "NO" stop here, you are NOT eligible.)
2. YES ☐ NO ☐ I own, or am buying, the home I live in. (If "NO" stop here, renters are NOT eligible.)
3. YES ☐ NO ☐ I have unsuccessfully applied for this program in the past. If "YES", how many times? _____
4. YES ☐ NO ☐ I, or members of my household, have severe physical disabilities or chronic diseases that interfere with our ability to care for ourselves. **Please list all medical conditions that can be verified by a doctor: (DO NOT send medical records, if you are selected, this information will be verified in person.)**

5. YES ☐ NO ☐ Dependents live with me. (DO NOT list your spouse) If "YES", HOW MANY? _____

6. Name: _____ Age: _____ Relationship: _____

7. Name: _____ Age: _____ Relationship: _____

8. Name: _____ Age: _____ Relationship: _____

B: HOME or MOBILE HOME INFORMATION

1. My home is: (☐ Condo/Townhouse) (☐ House) (☐ Mobile Home) (☐ RV) (Mobile/RV size: ____ by ____)
2. YES ☐ NO ☐ My home is within the Tucson City limits.
3. YES ☐ NO ☐ I own other real estate. (If "YES", attach a description with address and valuation)
4. What is the approximate age of your home? _____ Year built _____
5. How long have you lived in this home? _____ Years
6. What is the full cash value of your home based on your tax statement? _____
(PLEASE ATTACH A COPY OF YOUR PROPERTY TAX VALUATION FORM, if available)
7. How many bedrooms are in your home? _____
8. How many bathrooms are in your home? _____
9. What is your monthly mortgage payment? _____
10. Is your home paid for free and clear? _____
11. Would you consider a loan against your home equity to pay for necessary repairs? _____
12. Would you consider a minor repair (\$750 and under) if you are NOT selected? _____

C: HOUSEHOLD INCOME INFORMATION**TOTAL MONTHLY INCOME** (If you are selected, financial records will be verified in person)

↓ AGES	LIST INCOME OF ALL HOUSEHOLD MEMBERS	SOCIAL SECURITY, SSI DISABILITY, PENSIONS, RENTALS, ETC.	FULL-TIME EMPLOYMENT	PART-TIME EMPLOYMENT
_____	Head Of Household	\$ _____	\$ _____	\$ _____
_____	Spouse	\$ _____	\$ _____	\$ _____
_____	Other	\$ _____	\$ _____	\$ _____
_____	Other	\$ _____	\$ _____	\$ _____
_____	Other	\$ _____	\$ _____	\$ _____
MONTHLY TOTALS:		\$ _____	\$ _____	\$ _____

CASH ASSETS OF ALL HOUSEHOLD MEMBERS: TOTAL: \$ _____Current balances in ALL household accounts: Checking, Savings, CD's, IRAs, Stocks, Bonds, etc
(If you are selected, this information will be verified in person).**HOME REPAIR OR MODIFICATION DESCRIPTION**

Please describe your repair and/or disability modification need in great detail, the more information you provide, the greater your chances of being selected. Please number your three (3) most important repair needs first. Priority is given to correct health and safety hazards. You may attach additional pages if you need more space to describe your situation. There is no guarantee that photos will be returned. If you have questions or need assistance in describing your repair or modification needs, call the Pima Council on Aging, 790-7262 extension 5081.

#_____ ROOFING SYSTEM: Includes replacement of leaking roof; decking, fascia, rafters or joists; cooler jacks and stands, vents, ductwork, scuppers, skylights, etc: Describe your roof by age, type, size, where it is leaking, for how long it has been leaking and any resulting damage.

#_____ PLUMBING SYSTEM: Includes repair or replacement of leaking gas and/or water lines between house and meter; clogged or broken sewer or septic tank; broken hot water heaters; kitchen or bathroom drains; leaks in kitchen or bathroom fixtures; leaks in hot water heater or evaporative cooler. etc. Describe age and type of pipes, where leaks are located, where clogs are located, if gas or water is disconnected by utility, how long it has been leaking or clogged and any resulting damage.

#_____ ELECTRICAL SYSTEM: Includes upgrade to minimum 100 amp circuit; weather head and service drop; dedicated electrical circuits for modern appliances; repair or replacement of dangerous wiring, installation of ground fault receptacles in kitchen and bathroom; smoke alarms in hall and bedroom areas, repair of switches, outlets, etc. Describe the age of your system, what is not working and where it is not working and if electricity is disconnected to any portion of the home.

NAME: _____

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#____ **STRUCTURAL SYSTEM:** Includes broken walls, floors, ceilings; broken windows, exterior doors, window and door frames; termite damage, etc. Describe what is damaged, type of damage, how long it has been damaged, how this is a safety hazard.

#____ **DISABILITY MODIFICATIONS:** Includes grab bars, wheelchair ramps, roll-in-showers, modified doorways, durable medical equipment, etc. Describe the safety hazard and how this need relates to your medical/physical condition.

#____ **HEATING AND COOLING SYSTEM:** Includes wall heaters, furnaces, evaporative coolers, window a/c units, thermostats, gas lines and valves, water supplies, electrical connections and upgrades, duct work, vent covers, combustion air venting, drywall patching, etc. Describe the age of your unit, what type, how long it has been broken, etc. (Unserviceable refrigeration unit may be replaced with evaporative cooler) If whole house air conditioning is required for medical reasons, homeowner must provide medical documentation and pay for cost over grant amount.

#____ **SPECIAL CONDITIONS:** All other emergencies threatening the life or health of the occupants not covered above are considered on a case-by-case basis.

THIS IS NOT AN EMERGENCY HOME REPAIR PROGRAM

Cosmetic and general maintenance repairs (painting, plastering, yard cleaning, fences) are not covered. Appliances (stoves, refrigerators, TVs) cannot be purchased. Additions (bedrooms, dens, garages, porches, laundry rooms) cannot be built.

All applicants will be notified in writing by **August 31, 2005** if they have or have not been selected.

Applications must be completed and postmarked or returned in person to the Pima Council on Aging by the deadline date of April 30, 2005. No late applications are accepted. E-mail or fax applications are not accepted.

Please feel free to attach any additional information that may be helpful such as estimates, photos, etc. There is no guarantee that photos can be returned. Please remember to attach a copy of the County Assessor's full cash value statement or County Treasurer's tax statement for mobile homes, if available.)

<p>MAIL OR DELIVER TO: PIMA COUNCIL ON AGING, 8467 E. BROADWAY, TUCSON, AZ 85710 ALL 3 PAGES OF THIS APPLICATION MUST BE RETURNED OR POSTMARKED BY APRIL 30, 2005.</p>
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KEEP THIS PAGE FOR YOUR RECORDS

2005-2006 PCOA MAJOR & MINOR HOME REPAIR APPLICATION

The Pima Council on Aging is accepting applications for two home repair programs **depending upon the availability of future federal funds**. 1) 2005-2006 Home Repair/ Adaptation/Renovation Program, funded by the Federal Older Americans Act through the Pima Council on Aging (local match provided by the City of Tucson with General Funds. 2) 2005-2006 CDBG Elderly Home Repair Program funded by Federal Community Development Block Grant dollars. **At time of this printing, CDBG funds are in doubt.** Contact your federal elected officials if this is of concern to you.

What is the program? This is **NOT** an emergency home repair program. If selected, repairs are made in the fiscal year starting July 1, 2005 and ending June 30, 2006. The Pima Council on Aging contracts with the City of Tucson to administer these programs. **These programs provide critically needed repairs and disability modifications to correct health and safety hazards for older homeowners.**

Repairs worth up to \$4,000 are made for selected, qualified homeowners. In no cases may the cost exceed \$4,000. If repair costs are estimated to be more than \$4,000, the homeowner may choose to pay the difference or scale back the proposed work. All donations are cheerfully accepted.

If selected, a lien, in the amount of the repair cost only, is placed upon the property for two full years. If the property must transfer before two full years, the cost of repairs only is due back to the program upon close of sale.

The home must be located within Pima County, Arizona, on non-tribal lands. The repairs correct health and safety hazards only. Cosmetic and general maintenance such as painting, plastering, yard cleaning, etc, are not covered and are referred to other volunteer programs.

City of Tucson staff make all inspections and arrangements to hire private, licensed and registered contractors who provide both the material and labor to complete the jobs.

Who is eligible? Taxpayer/homeowner or spouse **must be age 60 or older by June 30, 2005.** Persons under age 60, even if disabled, are NOT eligible. **Persons assisted by this program in the past are NOT eligible. Renters are NOT eligible.** If you have questions about ownership, equity rights under contract, life estate to the property, etc. please call PCOA at 790-7262 for clarification. Remember that funds are extremely limited. Selection is based upon greatest economic and social need with priority given to those individuals who have nowhere else to turn for assistance and who are caregivers for others. Applications are prioritized by a Committee of the PCOA Advisory Council composed of community volunteers who do not see names or addresses of applicants.

How to apply? Applications in English and Spanish are available from the Pima Council on Aging by mail or at the address below. Applications must be completed and returned IN PERSON OR BY U.S. MAIL to the Pima Council on Aging **BY THE DEADLINE DATE OF APRIL 30, 2005. No e-mail or fax applications are accepted. No late applications are accepted, no exceptions.**

All applicants are notified in writing by August 31, 2005 if they have or have not been selected. **Call 790-7262, ext 5081 if you need assistance in completing the application.**

**PIMA COUNCIL ON AGING
8467 EAST BROADWAY
TUCSON, ARIZONA 85710
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